

OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION
EMPLOYMENT

Agency Use Only

- ☐
- FEPA
-
- ☐
- EEOC

CHARGE NUMBER: (Agency Use Only)

SNS
 CLE B4 (42710) 10292014

Completely Fill in the Following

Camille Wilson

Name of Charging Party (First Middle Last)

16327 Delrey Avenue

Address

Cleveland Ohio 44128 Cuyahoga

City State Zip Code County

216-965-5570

Telephone Number

January 7, 2015

Date(s) of Discrimination

University Hospital

Name of Company

11100 Euclid Avenue

Address

Cleveland Ohio 44106 Cuyahoga

City State Zip Code County

216-844-1000

Telephone Number

15+

Total Number of Employees

December 2009

Date of Hire

I believe I was discriminated against because of my: (Please identify)

- ☐ Race/Color _____
- ☐ Sex _____
- ☒ Disability perceived disability
- ☐ Military Status _____
- ☐ Age (Over 40 years old only - List Date of Birth) _____

- ☐ Religion _____
- ☐ National Origin/Ancestry _____
- ☒ Retaliation filed previous charge of discrimination

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

Type of Discrimination:

- ☐ Demotion ☒ Discharge/Termination ☐ Discipline
- ☐ Failure to Hire ☐ Forced to Resign ☐ Harassment/Sexual Harassment
- ☐ Layoff ☐ Promotion ☐ Reasonable Accommodation
- ☐ Other (Specify) _____

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

I. I am a person who filed a previous charge of discrimination and I am perceived as having a disability. I have been employed by the above named Respondent since December 2009, most recently in the position of Operations Assistant. On January 7, 2015, I was terminated.

II. On January 7, 2015, Paula Gillette (non-disabled, no known protected activity), Vice President of Nursing and Patient Care Services, informed me that my position was being eliminated.

III. I believe I have been unlawfully discriminated against based on a perceived disability and retaliation for the following reasons:

A. I filed a previous charge of discrimination [CLE B4 (42710) 10292014] against Respondent in October 2014.

B. On November 5, 2014, I met with Kathy Deakins (non-disabled, no known protected activity), Manager of Respiratory Care, and Ms. Gillette who informed me that any concerns I have about being harassed must be directed to Ms. Deakins only. I do not believe my complaints will be investigated and taken seriously because I have lodged harassment complaints against Ms. Deakins.

C. On December 5, 2014, I was scheduled to meet with Thomas Snowberger (non-disabled, no known protected activity), Chief HR Officer. When I showed up for the meeting, Mr. Snowberger told me that he would address my complaints in Respondent's answer to my charge of discrimination. Immediately after this meeting, I was subjected to further harassment by Respondent when Respondent hired a private investigator to have me followed.

D. From November 5, 2014 to January 4, 2015, I was off work on FMLA. I returned to work on January 5, 2015, but my physician placed me on light duty.

E. On January 7, 2014, I met with Ms. Gillette and Kelly Skonieczny (non-disabled, no known protected activity), HR Manager, who informed me that my position was being eliminated. Ms. Skonieczny presented me with paperwork, which included language that I withdraw my previous charge of discrimination (42710).

RECEIVED

JAN 14 2015

I declare under penalty of perjury that I have read the above charge and that it is the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Camille Wilson
 Charging Party Signature

Date

1/14/15

OCCRC INTAKE
CLEVELAND

Notary or Commission Representative

Subscribed and sworn to before me on this

14 day of JAN 2015

Notary or Commission Representative